DIVISION OF WATER RESOURCES

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 15632
Permit No.
Basin

1. OWNER WILLIAM PAGNI ADDRESS 140 PAGNI LANE
RENO, NEVADA 89511

2. LOCATION SW ¼ NE ¼ Sec. 18 T. 17 (N) S R. 20 E. WASHOE County
PERMIT NO.

3. TYPE OF WORK
New Well ☐ Recondition ☐
Deepen ☐ Other ☒

4. PROPOSED USE
Domestic ☐ Irrigation ☐ Test ☒
Municipal ☐ Industrial ☐ Stock ☐

5. TYPE WELL
Cable ☐ Rotary ☒
Other ☐

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
GRAVEL AND BOULDERS		0	60	60'
SAND, SILT, CLAY, AND GRAVEL WITH SOME BOULDERS		60	140	80'
SAND, SILT, AND CLAY WITH SOME GRAVEL AND SOME BOULDERS		140	170	30'
Making water from 60 ft				

Date started 5-27, 1976
Date completed 5-28, 1976

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
NONE			

BAILER TEST
G.P.M. NONE Draw down ..... feet ..... hours
G.P.M. ..... Draw down ..... feet ..... hours
G.P.M. ..... Draw down ..... feet ..... hours

8. WELL CONSTRUCTION
Diameter hole 4 3/4 inches Total depth 170 feet
Casing record NONE
Weight per foot ..... Thickness .....

Diameter	From	To
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☒ No ☐ Type CEMENT
Depth of seal 18 feet
Gravel packed: Yes ☐ No ☐
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation NONE
Size perforation
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level ..... Feet below land surface .....
Flow ..... G.P.M. .....
Water temperature ..... ° F. Quality .....

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Lester Millard
Address Box 644 Yerington, Nevada
Nevada contractor's license number 11089
Nevada driller's license number 579
Signed Lester Millard
Date 7-10-76

USE ADDITIONAL SHEETS IF NECESSARY

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